

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for date of service 01/10/02.
  - b. The request was received on 07/03/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and letter for Fee Reimbursement
  - b. HCFA-1500
  - c. EOB
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No Response
3. The case file does not contain the additional information from the requestor as required by Rule 133.307 (g) (3). The Austin Division was, therefore, unable to comply with Rule 133.307 (g) (4), and forward a copy of the requestor's additional information to the respondent. The Austin Division requested the additional information from the requestor on 07/16/02. There are no respondent responses in the case file. The respondent was notified of the request for medical dispute resolution by mail on 07/12/01 by the Austin Division. The "No Information Found in Case File" sheet is reflected in Exhibit II.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 06/24/02  
"Our office has made every possible effort to explain the issue pertaining to the CPT code 97010. *We* have provided a detailed letter explaining the issue and reasoning for payment."
2. Respondent: No Response

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/10/02.
2. Per the provider's TWCC-60, the amount billed is \$14.30; the amount paid is \$0.00; the amount in dispute is \$11.00.
3. The carrier denied the billed service by code:  
 04/06/02: "TX F Fee Guideline MAR Reduction".  
 06/06/02: "Only 4 procedures allowed per TWCC".  
 Per undated letter written to carrier by provider: "You have denied payment on the basis of *"Payment made in accordance with TWCC Medical Fee Guidelines. Per the Medical Fee Guideline, only four physical therapy modalities are allowed per session."*
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
01/10/02	97010	\$14.30	\$0.00	F	\$11.00	MFG MGR (I) (A) (10) (a); CPT descriptor	Per the MFG, MGR (I) (A) (10) (a), "A physical medical session is defined as any combination of four modalities (97010-97039), procedures (97110-97150) and/or physical medicine activities and training (97220-97541)." According to the provider's HCFA-1500, the provider exceeded the number of modalities that can be performed during one physical medical session. The provider billed five (5) modalities for the physical medicine session.  No reimbursement is recommended.
<b>Totals</b>		\$14.30	\$0.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 6th day of December 2002.

Donna M. Myers  
 Medical Dispute Resolution Officer  
 Medical Review Division

DMM/dmm